

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90034 040 ****61.25

DOCUMENT # N49315
 1. Entity Name
 RAINFOREST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 PO BOX 17888
 CLEARWATER, FL 33762 US

Mailing Address
 PO BOX 17888
 CLEARWATER, FL 33762 US

60018935

DO NOT WRITE IN THIS SPACE



02072007 No Chg-NP CR2E037 (4/06)

4. FEI Number
 59-3132531 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 BRIGHT, LENDAL
 5861 COFFEE BEAN DR
 CLEARWATER, FL 33760

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JACKSON, RONALD 5886 TOUCAN PLACE CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BRIGHT, LENDAL 5861 COFFEE BEAN DR CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P BUEHLER, SCOTT 14679 CONDOR PASS CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARVEY, TRACY 5825 COFFEE BEAN DR CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAIG, ROBERT 14700 BANANA TREE LN CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lendal S. Bright 2/21/07 727-481-1276
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #